



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### COMMUNITY FIRST CHOICE Policy Manual

**Section: FORMS**

**Subject: Agency Based PERS Prior  
Authorization Form  
SLTC- 240**

**PURPOSE:** The Personal Emergency Response System (PERS) Prior Authorization form is used to send a notification to Mountain Pacific Quality Health (MPQH) for the following purposes:

1. Referral to initiate a prior authorization for PERS services
2. Change of PERS providers
3. Notification of member discharge from CFC

**Referral:** A referral should be completed upon completion of the Member's CFC Person Centered Plan (PCP). When the member's Plan Facilitator is either the provider agency or a DD Case Manager the Plan Facilitator will complete the form and fax it to MPQH. MPQH will enter the PERS prior authorization into the Xerox claims system and return the prior authorization number to the Plan Facilitator.

**Change of  
PERS Providers:**

When a member chooses to change PERS providers and the member's Plan Facilitator is either the provider agency or a DD Case Manager the Plan Facilitator must submit a new Prior Authorization form to MPQH to end the old prior authorization and generate and assign a new prior authorization number for the new PERS provider.

**MPQH notification  
of member discharge  
from CFC:**

When a member discharges from CFC and the member's Plan Facilitator is either the provider agency or and DD Case Managers the Plan Facilitator must notify MPQH using this form so MPQH can end date the prior authorization.

### INSTRUCTIONS:

1. The Plan Facilitator must complete the following:

Check the appropriate box indicating which of the following actions is occurring:

- a. Referral

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b. Change of PERS providers

c. Discharge from CFC

Enter: ➤ Plan Facilitator's Name  
➤ Plan Facilitator's Phone  
Member's Name Member's  
Medicaid ID #  
PERS Provider Name

NOTE: The PERS provider should be contacted prior to selection to determine type of service provided and cost of service per unit and whether an installation fee is required.

Medicaid Provider ID #

Select the type of Service: PERS Installation  
PERS Rental



Appropriate modifier: Agency based PERS does not require the use of a modifier for billing.

Requested Units: Enter: Current Units. Rental Unit = 1 month of service or Installation Unit = 1 installation charge

The current units should cover the number of units for the service authorization period. If the member is beginning PERS in the middle of the service year the number of units should be pro-rated to the number of months left before the next annual member visit.

For example: 12 months = 12 units  
January-July = 7 units

Authorized Units: Authorized units should be left blank. MPQH will fill out the authorized units at the bottom of the form.

Date Span: List the date span that corresponds to the authorization period and current units listed.

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Comments: Enter additional comments about the PERS.

Agency Signature/phone/date: Plan Facilitator will sign, provide a contact phone number and date the Prior Authorization Form.

2. Upon form completion, the Plan Facilitator must fax the Prior Authorization Form to MPQH at 1-800-268-5767.
3. MPQH will enter the prior authorization into the Xerox system and return the form to the Plan Facilitator. MPQH will complete the information on the bottom half of the form, including the PERS prior authorization number, the total number of units authorized, and the date span. The MPQH reviewer will sign the form prior to faxing it to the Plan Facilitator.
4. Upon receiving the PERS prior authorization number from MPQH, the Plan Facilitator must issue the PERS Referral Form to the PERS provider to initiated the member's PERS service (refer to SD-CFC/PAS 331).

**DISTRIBUTION:**

A copy of this form should be retained by the Plan Facilitator in the member files.